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Bib Data Sheet

CONFIRMATION NO. 4434

SERIAL NUMBER 10/024,747	FILING OR 371(c) DATE 12/19/2001 RULE	CLASS 606	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. 9222.16399-D DIV
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**** CONTINUING DATA *******

This application is a DIV of 09/305,123 05/04/1999 PAT 6,358,245 which is a CIP of 09/026,296 02/19/1998 PAT 6,009,877

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****

** 02/25/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 41	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Allowance	Examiner's Signature	Initials		

ADDRESS

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TITLE

Graphical user interface for association with an electrode structure deployed in contact with a tissue region

FILING FEE RECEIVED 595	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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